DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-2470 (Rev. 9-03)

STATE OF WISCONSIN
Wisconsin State Statutes 48.60(5)(a), 50.035(5) and 51.64(2)

CLIENT / PATIENT DEATH DETERMINATION

Use of form: Reporting of certain deaths to the Department is required by Wisconsin State Statute. This form should be used for this purpose. Failure to report these deaths to the Department may result in a citation of noncompliance by the Department. The information obtained will be used for investigative and statistical purposes and the personally identifiable information will be available only to those persons authorized to access treatment records. If you have any questions regarding this form, call the coordinator at (608) 243-2055.

I DETERMINATION

Client Name (Last, First, MI)	Birthdate	Gender ☐ M ☐ F	Date – Death
Agency Name	Certification / License No.	Provider Type No. (See p.2)	Date – Admission
Agency Address		County of Provider	
Ethnicity - Check one ☐ Black - not Hispanic ☐ Asian or Pacific Islander ☐ American Indian / Alaska Native ☐ Hispanic - Mexican, Puerto Rican, Cuban ☐ White - not Hispanic		Is this death reportable to coroner / medical examiner? ☐ Yes ☐ No	
Name - Client Emergency Contact Person		Relationship	
Address		Telephone Number	
Name - Individual Reporting		Title	
Address		Telephone Number	
Name - To Whom Reported ☐ Self Report ☐ Other:		Telephone Number	Date Reported

Instructions:

1. A death must be reported to Department within 24 hours after the death of a client, or learning of the death, if there is cause to believe the death was related to the use of a physical restraint / seclusion, psychotropic medications or is a suicide.
2. When in doubt if the death was due to physical restraints / seclusion, psychotropic medications or suicide, report the death.
3. Attach a copy of the progress notes or other documentation which provide additional information to determine if there is reasonable cause to believe that the death was due to the use of physical restraints / seclusion, psychotropic medications or is a suicide.
4. Check "Yes" or "No" for each item in sections A - C. For assistance, see guidelines on pages 3 and 4.
5. Submit the completed form to the Bureau of Quality Assurance supervisor listed in the attached “Division of Disability and Elder Services / Bureau of Quality Assurance Reportable Death Contact Table” in the column headed "Where to Fax the DDE-2470 Client / Patient Death Determination Form ".

YES	NO		
		A.	**SUICIDE**
☐	☐	1.	Was there evidence that the client was having suicidal thoughts during the last month?
☐	☐	2.	Did the client make any suicide threats or statements during the last month?
☐	☐	3.	Did the client make a suicide attempt in the past year?
☐	☐	4.	Did the client give away personal possessions within the last month?
☐	☐	5.	Was the client found in a position or circumstance which might indicate the death was due to suicide: e.g., hanging; drowning; drug overdose; asphyxiation (being found in a car with the engine running); fell off a bridge or downstairs; a self-inflicted wound; a single car accident with good road conditions; self-immolation (burning)?
		B.	**PSYCHOTROPIC MEDICATION**
☐	☐	1.	Was the client on three or more psychotropic medications?
☐	☐	2.	Was the client on two or more psychotropics in the same class?
☐	☐	3.	Did the physician discontinue a psychotropic medication within the last seven days?
☐	☐	4.	Did the client refuse psychotropic medications within the last seven days?
☐	☐	5.	Was the client changed to a different psychotropic medication within the last seven days?
☐	☐	6.	Did the client’s medical / psychiatric condition change in the last seven days, based on observed symptoms and behaviors?
☐	☐	7.	Did the client receive any drug(s) to which he / she has a known allergy or adverse drug reaction as documented in his / her record within the last seven days?

YES	NO		
		B.	**PSYCHOTROPIC MEDICATION (continued)**
☐	☐	8.	If the client was on Clozapine, did the known adverse reactions of this medication contribute to the death of the client?
☐	☐	9.	Did the client present any signs which would indicate the possibility of neuroleptic malignant syndrome (NMS)?
☐	☐	10.	Was a psychotropic medication given with no valid diagnosis for the drug?
☐	☐	11.	If the client is a GERIATRIC CLIENT, was he / she on lithium? If "Yes", was lithium used in combination with haloperidol, another antipsychotic, neuromuscular blocker and / or antidepressant?
☐	☐	12.	If the client is a GERIATRIC CLIENT, was he / she on a long acting benzodiazepine before therapy with a short acting benzodiazepine?
☐	☐	13.	If the client is a GERIATRIC CLIENT, was he / she on Xanax and did he / she experience a sudden withdrawal of this medication within the last seven days?
		C.	**PHYSICAL RESTRAINTS AND SECLUSION - See note to hospitals below.**
☐	☐	1.	Did the client die while in restraint or seclusion?
☐	☐	2.	Did the restraint / seclusion have a direct relationship to the client's death?
☐	☐	3.	Did the client sustain any injury while in restraint or seclusion?
☐	☐	4.	Was the client in a prone position when a physical restraint was used?

PROVIDER TYPE AND NUMBER Enter applicable number on page 1.

No.	Type	No.	Type
1.	Facility for the Developmentally Disabled	12.	AODA Emergency Outpatient Service
2.	Mendota or Winnebago Mental Health Institute	13.	AODA Medically Managed Inpatient Detoxification Service
3.	Mental Health Inpatient Program	14.	AODA Medically Monitored Residential Detox Service
4.	Community Based Residential Facility	15.	AODA Ambulatory Detoxification Service
5.	Nursing Home	16.	AODA Residential Intoxication Monitoring Service
6.	Mental Health Crisis Service	17.	AODA Medically Managed Inpatient Treatment Service
7.	Community Support Program	18.	AODA Medically Monitored Treatment Service
8.	Mental Health Day Treatment	19.	AODA Day Treatment Service
9.	Mental Health Outpatient Program	20.	AODA Outpatient Treatment Service
10.	Mental Health Day Treatment Services for Children	21.	AODA Transitional Residential Treatment Service
11.	Comprehensive Community Services for Persons With Mental Illness	22.	AODA Narcotic Treatment Service for Opiate Addiction

Note to Hospitals:
Medicare regulations at 42CRF Part 482 require that the death of a patient that occurred while a physical or chemical restraint was applied to a patient or the patient was in seclusion; or where it is reasonable to assume that a patient's death may have resulted from the use of a physical or chemical restraint or seclusion, must be reported to the Health Insurance Specialist at the CMS Regional Office 312-353-2888.

Reason for Reporting

Name - Therapist Involved in Case		Telephone Number	
SIGNATURE - Person Completing Form	Title	Telephone Number	Date Signed

II CLIENT / PATIENT DEATH DETERMINATION GUIDELINES

The following guidelines, which are not all inclusive, are listed to assist the provider in determining if there is reasonable cause to believe the client / patient death may be due to the use of restraint / seclusion, the use of psychotropic medications or is a suicide.

Note: - For the purpose of reporting a death of a patient to HCFA, the Federal definition applicable to that Federal reporting requirement is the following:

1. **Physical restraint** means any manual method or physical or mechanical device, material or equipment attached or adjacent to the patient's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body.

2. **Chemical restraint** means a drug or medication used to control behavior or to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.

3. **Seclusion** means the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.

A. SUICIDE

Presence of one or more of the following risk factors in the client profile.

1. Clinical syndromes of depression, psychosis, impulsivity and intoxication.

2. Symptomatic or psychological predictors such as hopelessness, recent losses along with the experience of loss and panic levels of anxiety.

3. Demographic factors which puts client in moderate or greater risk category for suicide; e.g., among the seriously mentally ill, male gender, previous suicide attempts, a recent (within the last six months) acute psychotic or affective episode, first decade and particularly the first five years of the illness and AODA problems.

4. Recent behaviors that suggest that the client is acting differently; e.g., making final plans, “tidying up” personal affairs, obtaining the means for suicide and seeking out help more often (often with no clear complaint).

5. Lethality - The client's mental intent to die or to kill oneself (including the individual's view of life after death and what relief or reward it offers); specificity and imminence of a suicide plan; availability and lethality of the means for suicide and the opportunity in the suicidal plan for rescue.

6. The absence of positive social supports or the presence of ones that are not helpful or that are harmful; e.g., critical or rejecting.

B. PSYCHOTROPIC MEDICATIONS

1. Psychotropic medications: A psychotropic medication is any drug used to treat, manage or control psychiatric symptoms or disordered behavior, including but not limited to antipsychotic, antidepressant, mood stabilizing, or antianxiety agents. Medications which may be used either for more general medical purposes or for their effect on psychiatric symptoms would be considered psychotropic medications when they were being used to obtain a psychiatrically related benefit.

2. Presence of one or more of the following psychotropic drug interactions and/or conditions in the client profile.
   a. Any anaphylactic reactions
   b. Tricyclic antidepressant overdose
   c. Lithium overdose
   d. Combination of any psychotropic medication(s) and alcohol
   e. Bone marrow suppression, especially with clozapine, but also with other neuroleptics and tricyclic antidepressants
   f. Hypertensive crisis with monoamine oxidase inhibitors (MAOIs)
   g. Cardiac arrhythmias as a result of an antidepressant medication
   h. Any drug overdose
   i. Any blood level of a drug higher than accepted therapeutic drug level
   j. After starting on antipsychotic medication, the client complains of an increased temperature and muscular rigidity
   k. Fatal heatstroke, especially if client is on Thorazine
   l. History of difficult to control epilepsy
   m. Jaundiced skin and sclera
   n. Psychotropic medications administered to clients in excess of the recommended geriatric doses which are listed in Appendix P of the Federal Long Term Care Regulations for Nursing Homes
   o. Any medication error in proximity to time of client death

3. Client experienced the following three operational criteria for a diagnosis of neuroleptic malignant syndrome (NMS).
   a. Hyperthermia: a high temperature in the absence of known etiology
   b. Severe extrapyramidal effects characterized by two or more of the following: lead-pipe muscle rigidity, pronounced cogwheeling, sialorrhea, oculogyric crisis, retrocollis, opisthotonos, trismus, dysphagia, choreiform movements, festinating gait, and flexorextensor posturing
   c. Autonomic dysfunction characterized by two or more of the following: hypertension, tachycardia, prominent diaphoresis, and incontinence

   In retrospective diagnosis, if one of these three items (3a - 3c) has not been specifically documented, a probable diagnosis is still permitted if the remaining two criteria are clearly met and the client displays one of the following characteristic signs: clouded consciousness as evidenced by delirium, mutism, stupor or coma; leukocytosis (more that 15,000 white blood cells / mm); serum creatine kinase level greater than 1,000 IU / ml. (Source: The Manual of Clinical Psychopharmacology - 2nd Edition)

C. PHYSICAL RESTRAINTS AND SECLUSION

1. Presence of one or more of the following indicators
   a. Client found suspended by / from restraint
   b. Client found sliding from bed / wheelchair / chair
   c. Client's neck / head found under / between side rails
   d. Client found in tipped wheelchair with a restraint intact
   e. Autopsy report indicates asphyxiation or possible asphyxiation

2. Position of actual restraint.
   a. Restraint under client's ribs exerting pressure
   b. Restraint across chest and conforming to body in a tight appearing fashion
   c. Restraint across throat area

3. Physical hold by staff utilized in proximity to time of death of client.

4. Resident found expired in seclusion / locked room.

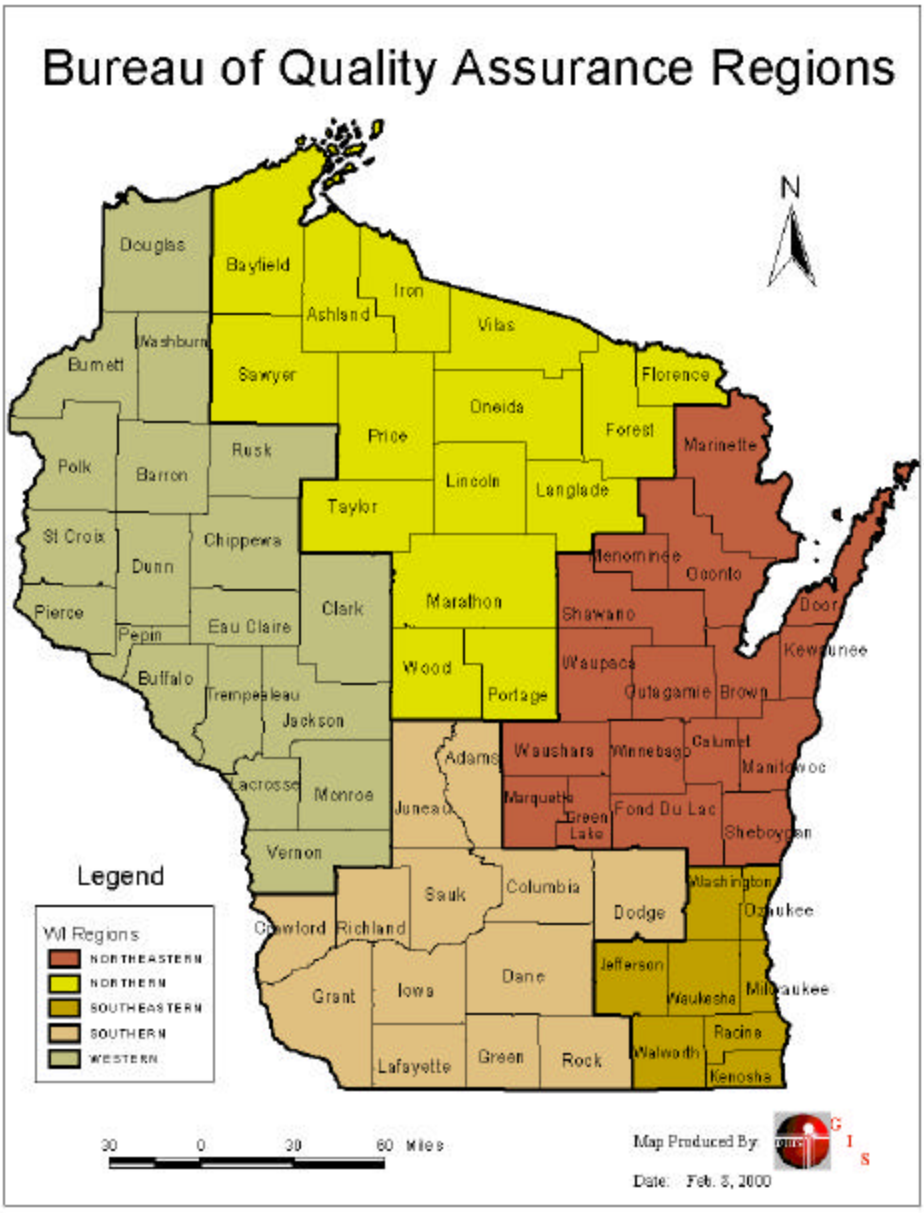
5. Presence of one or more of the following physical signs.
   a. Discolored areas on skin
   b. Red markings on skin
   c. Swollen tongue

Division of Disability and Elder Services / Bureau of Quality Assurance
Reportable Death Contact Table

No.	Provider Type	Admin. Rule	Type of License or Certification	Where to Fax the Client / Patient Death Determination Form
1	Facility for the Developmentally Disabled	HFS 134	License	BQA Regional Field Operations Director for the Region where your facility is located. See attached page with a list and map.
2	Mendota or Winnebago MHI	HFS 124	Approval	Chief, Health Services Section, **Fax (608) 243-2026**. For questions about reporting a death call (608) 243-2028.
3	Mental Health Inpatient Program	HFS 124	Approval	Chief, Health Services Section, **Fax (608) 243-2026**. For questions about reporting a death call (608) 243-2028.
4	Community Based Residential Facility	HFS 83	License	BQA Regional Field Operations Director for the Region where your facility is located. See attached page with a list and map.
5	Nursing Home	HFS 132	License	BQA Regional Field Operations Director for the Region where your facility is located. See attached page with a list and map.
6	Mental Health Crisis Service	HFS 34	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
7	Community Support Program	HFS 63	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
8	Mental Health Day Treatment	HFS 61.75	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
9	Mental Health Outpatient Program	HFS 61.91	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
10	Mental Health Day Treatment Services for Children	HFS 40	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
11	AODA Emergency Outpatient Service	HFS 75.05	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
12	AODA Medically Managed Inpatient Detoxification Service	HFS 75.06	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
13	AODA Medically Monitored Residential Detoxification Service	HFS 75.07	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
14	AODA Ambulatory Detoxification Service	HFS 75.08	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
15	AODA Residential Intoxication Monitoring Service	HFS 75.09	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
16	AODA Medically Managed Inpatient Treatment Service	HFS 75.10	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
17	AODA Medically Monitored Treatment Service	HFS 75.11	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
18	AODA Day Treatment Service	HFS 75.12	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
19	AODA Outpatient Treatment Service	HFS 75.13	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
20	AODA Transitional Residential Treatment Service	HFS 75.14	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
21	AODA Narcotic Treatment Service for Opiate Addiction	HFS 75.15	Certification	Supervisor, Program Certification Unit, **Fax (608) 243-2045**. For questions about reporting a death call (608) 243-2055.
22	AODA Inpatient Program	HFS 124	Approval	Chief, Health Services Section, **Fax (608) 243-2026**. For questions about reporting a death call (608) 243-2028.

For additional information including copies of annual Act 336 Reports, contact:

Richard Ruecking, Reportable Death Review Coordinator
DDES/BQA/PCU, 2917 International Lane, Suite 300, Madison, WI 53704
Phone (608) 243-2055; Fax (608) 243-2045



Regional Field Operations Director, Northeastern Region, Green Bay, **Fax: 920-448-5254.**
For questions about reporting a death, call 920-448-5249.

Regional Field Operations Director, Northern Regional Office, Rhinelander, **Fax: 715-365-2815.**
For questions about reporting a death, call 715-365-2802.

Regional Field Operations Director, Southeastern Regional Office, Milwaukee, **Fax: 414-227-4139.** For questions about reporting a death, call 414-227-4908.

Regional Field Operations Director, Southern Regional Office, Madison, **Fax: 608-243-2389.**
For questions about reporting a death, call 608-243-2374.

Regional Field Operations Director, Western Regional Office, Eau Claire, **Fax: 715-836-2535.**
For questions about reporting a death, call 715-836-4753.